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SUBJECT: KOSOVO: RESPONSE TO NARCOTICS AND CHEMICAL CONTROL
SECTIONS OF 2007-2008 INCSR

REF: STATE 0136780

11. (U) Following is the submission from U.S. Office in
Pristina for the narcotics and chemical control sections of
this year's INCSR report.

12. (U) SUMMARY: Kosovo is primarily a transit point for
heroin originating in Turkey and Afghanistan and destined for
Western European countries, but it does have a small and
reportedly growing domestic narcotics market. Kosovo faces
serious challenges in its battle against narcotics
trafficking. Its borders are porous, there is reported
corruption among its Border Police and Customs officers, and
its unique status under UNSCR 1244 as a United
Nations-administered territory prevents it from entering into
most bilateral, multilateral and international agreements,
including the 1988 UN Drugs Convention. Kosovo's final
status is currently under negotiation, and the United States
and the European Union intend to continue providing rule of
law technical assistance, training and equipment donations,
which will help Kosovo to more effectively combat narcotics
trafficking.

Status of Narcotics in Kosovo

13. (U) Kosovo is a transit point for heroin originating in
Turkey and, to a lesser extent, Afghanistan and destined for
Western European markets. Narcotics traffickers capitalize
on weak border control in Kosovo. The Kosovo Border Police
is a young service, lacks basic equipment, and only has a
mandate to patrol the green border (area where there are no
official, manned border or administrative boundary line
gates) from two to three kilometers beyond the actual border
and administrative boundary lines. NATO's KFOR has roving
teams that patrol the green border up to the actual border
and administrative boundary lines, but traffickers easily
take advantage of numerous passable roads leading into Kosovo
that lack border or administrative boundary line gates.
Moreover, narcotics interdiction is not part of KFOR's
mandate; they seize narcotics they happen to encounter while
performing their duties, but they do not actively investigate
narcotics trafficking. Border Police and Customs agents are

susceptible to corruption. Kosovo officials are attempting to tackle the problem, but United Nations Mission in Kosovo (UNMIK) officials believe some officers allow narcotics shipments to pass through the border and administrative boundary gates.

¶4. (U) Kosovo is not a significant narcotics producer, but Kosovo police have found cases of small-scale marijuana cultivation, mostly in the form of plants mixed in with corn crops or cultivated in back yards. They have also found some uncultivated marijuana plants growing in rural areas. Unlike last year, there have been reports of seizures of large quantities of precursor chemicals in Kosovo. However, Provisional Institutions of Self-Government (PISG) and UNMIK officials have found no direct evidence of narcotics refining laboratories.

¶5. (U) Information on domestic narcotics consumption is not systematically gathered, but PISG and UNMIK officials agree that there is a growing local market and that illegal drug use is on the rise. The Ministry of Health believes levels of narcotics consumption among teenagers and university-aged young adults, the primary users, are comparable to those in most Western European countries. Drugs of all types, including heroin, are reportedly available in Kosovo. Cocaine cases increased in 2007, but the vast majority of addicts referred for treatment were heroin users.

Kosovo Actions Against Drugs in 2007

¶6. (U) Policy Initiatives. The Government of Kosovo is just beginning to address the narcotics problem, and there is no national counternarcotics strategy. The Kosovo Police Service (KPS) and Ministry of Health, however, reported that

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they are advocating for creation of an inter-ministerial committee or working group, coordinated through the Office of the Prime Minister or Deputy Prime Minister, to draft such a plan. As of October 2007, no inter-ministerial body had been created to address narcotics.

¶7. (U) With an eye toward eventual EU accession, Kosovo sent a representative from the Ministry of Health to an EU conference on "Tackling the Drug Problem in the Western Balkans" in September 2006, and determined a number of priorities for action based on the EU Drugs Strategy 2005-2012. The priorities included evaluation of the current situation, definition of a counternarcotics strategy and action plan and creation of implementation structures such as inter-ministerial working groups. Because of the Kosovo budget cycle and the fact that the priorities were identified late in 2006, officials were unable to formally address them in 2007. Individual ministries, however, pressed forward with counternarcotics initiatives in accordance with EU goals. The Ministry of Health reported that it included in its strategic plan and budget request for 2008-2013 accurately assessing the extent of the drug problem in Kosovo, developing a national strategy for preventing drug use among adolescents and youths, creating regular mechanisms for monitoring drug use levels among adolescents and youths, and increasing services to drug addicts. Similarly, the Ministry of Interior Affairs reported that it is working to increase Kosovo's narcotics investigation capacity and help it meet European Partnership Agreement Program (EPP) goals by training counternarcotics officials, procuring technical equipment and strengthening inter-agency cooperation.

¶8. (U) Law Enforcement Efforts. The counternarcotics competency was transitioned from UNMIK to KPS in May 2006, and narcotics-related arrests have reportedly increased since the KPS took control. From January to August 2007, the KPS arrested 612 people on narcotics charges and filed 221 narcotics-related cases. According to KPS statistics, 93 percent of those arrested were Kosovo Albanian and four percent were Kosovo Serb; 96 percent were male. In the same

period, they confiscated 15.3 kilos of heroin, 2.2 kilos of cocaine, 21.7 kilos of marijuana, 61 grams of ecstasy, and 4 kilos of other narcotic substances. UNMIK Police statistics were similar. From January through mid-October, they reported 251 narcotics-related cases; 94 percent of those arrested were Kosovo Albanians, five percent were Kosovo Serbs, and 96 percent were male. They also reported the seizure of 11.7 kilos of heroin, 22.9 kilos of marijuana, 1.9 kilos of cocaine and 61 hits of ecstasy.

¶9. (U) KPS counternarcotics officers face many challenges. They lack basic equipment and resources, and undercover operations are complicated by the fact that they can only monitor mobile telephones on the Vala 900 network. The Serb-controlled Mobtel mobile telephones and land lines are beyond their reach. Kosovo's small size also hampers undercover work because communities are tight-knit and everyone knows who is working on counternarcotics. The KPS also noted a decline in effectiveness after it decentralized the counternarcotics division in 2005. They had hoped to return to a centralized system in 2007, but still remained decentralized as of October 2007. The KPS Department of Organized Crime's director reported that coordination between the headquarters and regions improved in 2007 and that decentralization is less of a problem today.

¶10. (U) Illicit Cultivation. Kosovo is not a significant narcotics producer, but the KPS has found some evidence of small-scale marijuana cultivation. According to UNMIK Police statistics, there were 32 cases of marijuana cultivation from January through mid-October, totaling 21,075 plants. Most cases involved marijuana planted together with corn in rural areas, but there were some cases of plants cultivated in gardens. There have been reports of seizures of large quantities of precursor chemicals in Kosovo, but PISG and UNMIK officials have found no direct evidence of narcotics

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refining labs.

¶11. (U) Corruption. There have been no arrests for high-level narcotics-related corruption in Kosovo. There are reports of corruption among Border Police and Customs officers, but the KPS and UNMIK Customs Service say they are attempting to address it. Cases reportedly tend to involve officers turning a blind eye to narcotics trafficking or accepting bribes to allow narcotics to get through border or administrative boundary line gates. KPS officials see the potential for problems due to the officers' low salaries and lack of benefits, and they believe corruption exists in the regional counternarcotics offices.

¶12. (U) Agreements and Treaties. Due to its unique status as a UN-administered province of Serbia, Kosovo is not a party to the 1988 UN Drug Convention or any other international conventions or protocols. Its constitutional framework, however, calls on it to respect the principles of UN conventions.

¶13. (U) Kosovo is unable to enter into most binding bilateral or multilateral agreements, but it participated in a UN Office on Drugs and Crime (UNODC) meeting in Vienna as an observer in 2007 and it cooperates and exchanges information with countries in the region through informal bilateral and multilateral meetings. For example, KPS counternarcotics officials met with their Albanian counterparts in March and their Macedonian counterparts in August, and they plan to meet with Montenegrin counternarcotics officials before the end of 2007. The Ministry of Interior Affairs (MOIA) reported that Kosovo participated in the latest in a series of informal regional coordination meetings in Bucharest in July; it resulted in an agreement among western Balkans countries to cooperate in the fight against organized crime, including narcotics trafficking. The MOIA also reported informal cooperation with regional organizations such as the Bucharest-based Southeast European Cooperative Initiative, or

SECI Center.

¶14. (U) Drug Flow/Transit. Kosovo is reportedly a transit point for heroin from Turkey and Afghanistan, most of which is destined for Western European countries, including Switzerland, Germany, the United Kingdom, Italy, Norway and Sweden. Kosovars regularly travel to these countries to visit relatives living in them, and UNMIK and KPS officials believe much of the drug trade is managed through family/clan networks. Most drugs illegally enter Kosovo overland from neighboring countries. Officials believe one major route is from Turkey, through Bulgaria and Macedonia, and another is also from Turkey, but through Bulgaria and Serbia. There are reports of collaborative arrangements between Kosovo Serb and Kosovo Albanian criminal groups for drug trafficking, and UNMIK Police believes there is a connection between drug trafficking and human trafficking. Anecdotal evidence suggests the drugs are broken down into smaller quantities in Kosovo before heading to Western Europe. UNMIK officials report a lot of small movements of narcotics, such as two to five kilos on one person or 10 to 20 kilos in a bag on a bus. The major transit points are Gjilan, Prizren and Mitrovica. As of October, the highest number of seizures was in Pristina (58) and the lowest number was in Ferizaj (17).

¶15. (U) Domestic Programs. Kosovo lacks an overall policy for dealing with existing and potential narcotics-related problems, but the PISG is increasingly aware of the dangers of narcotics. The Ministries of Health and Education run some domestic prevention programs, and community police officers visit schools throughout Kosovo to educate students about the risks associated with drug use. Non-governmental organizations assist with some of these efforts.

¶16. (U) There are no reliable estimates for the number of drug addicts in Kosovo. Drug treatment is provided by the Pristina University Hospital Psychiatry Department, but only one doctor and one nurse are devoted to treating drug

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addicts. They offer detoxification programs for motivated patients, but they report disappointing results due to the fact that many of the addicts are poor and unemployed. There are no other structured drug treatment programs. Methadone is not prescribed because the law does not authorize its use.

Some addicts receive anti-anxiety medication or anti-depressants to relieve withdrawal symptoms, while the most severe, agitated patients receive anti-psychotics. The Pristina University Hospital Psychiatry Department says that, on average, three to four people are in in-patient treatment at any given time, and the overwhelming majority of them are heroin addicts. The number of addicts receiving out-patient treatment is reportedly much higher, but the hospital declines to give a figure. Other regional medical centers' psychiatry wards reportedly do what they can to assist drug addicts, but they do not devote staff to their treatment.

¶17. (U) The Pristina University Hospital Psychiatry Department notes that the number of patients is increasing and it sees an urgent need for a genuine drug treatment program, which has more and better trained staff, offers individual and group therapy, and is separate from the psychiatric ward. It also wants to expand its services to include a "maintenance program" based on a Swiss model. It would medically administer narcotics to addicts who do not want to undergo a detoxification program in order to reduce the legal and social costs to the state that come from the addict committing crimes to finance his or her habit. In October, the Pristina University Hospital Psychiatry Department presented a strategic plan for 2008 to 2013, including these goals, to the Ministry of Health; it is pending approval. Hospital officials consider construction of a separate drug treatment facility a priority because they believe only the most severe cases ever reach them due to a dual stigma of patients being labeled drug addicts and erroneously viewed as mentally ill after seeking treatment in

the psychiatric ward.

U.S. Policy Initiatives and Programs

¶18. (U) Bilateral Cooperation. Kosovo cooperates with the United States on counternarcotics issues to the extent possible, but Kosovo's unique political status hampers bilateral cooperation. Kosovo cannot legally enter into most bilateral, multilateral or international agreements, including extradition treaties, until its final status is resolved.

¶19. (U) In 2007, the U.S. Department of Justice conducted extensive training for prosecutors in the new Kosovo Special Prosecutors Office (KSPO), which handles narcotics trafficking and other sensitive crimes. Projects included translating a U.S. Drug Enforcement Agency (DEA) recognition manual on drugs and drug precursors and bringing an American drug task force prosecutor to Pristina to give the KSPO and KPS a two-hour presentation on narcotics prosecutions and informant handling. In past years, the United States Government has also provided technical assistance and equipment donations that directly or indirectly support counternarcotics work in Kosovo. The United States Government also funds and contributes the largest the largest contingent of police officers (over 200) in the UN Mission in Kosovo, including monitors and mentors of KPS officers working on counternarcotics efforts.

¶20. (U) The Road Ahead. Kosovo's final status is currently under negotiation, and the United States will continue to provide rule of law assistance to Kosovo for the foreseeable future. The EU is planning a rule of law mission under the auspices of the European Security and Defense Policy (ESDP). The U.S. is coordinating its rule of law assistance goals and priorities for Kosovo with the EU, and will continue to provide training, technical assistance and equipment, which directly or indirectly supports counternarcotics work, to the KPS and Kosovo's criminal justice sector. The U.S. will also continue to contribute police officers to the civilian police

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mission in Kosovo, including some with special counternarcotics skills.

KAIDANOW